



Board of Health Agenda

Date: November 17, 2021

Time: 2:00 PM

Location: Conducted by Remote Participation

1. Administrative

BOARD OF HEALTH MEETING AGENDA

Date: Wednesday, November 17, 2021

Time: 2:00pm

Location: Conducted by Remote Participation

In accordance with the Governor's Order Suspending Certain Provisions of the Open Meeting Law, G. L. c. 30A, § 20 relating to the COVID-19 emergency and subsequent [Act Extending Certain COVID-19 Measures Adopted During the State of Emergency](#), the September 15, 2021 public meeting of the Arlington Board of Health shall be physically closed to the public to avoid group congregation. The meeting shall instead be held virtually using Zoom.

Public access to this meeting shall be provided in the following manner:

Real-time public comment can be addressed to the Board of Health utilizing the Zoom virtual meeting software for remote participation. This application will allow attendees to request an opportunity for public comment, and allow the Board Chair to grant attendees the opportunity for public comment. Attendees can use either phone or computer to participate in the meeting. Public comment can also be sent in advance of the meeting by emailing the Board of Health at boh@town.arlington.ma.us by no later than 5pm on November 16, 2021. Submitted public comment will be read into the record at the appropriate points in the meeting.

Zoom Login instructions:

Instructions and the meeting link for this specific meeting can be found on the Board's agenda and minutes page or on the Town's meeting calendar. The meeting registration information is listed below. When attendees enter the meeting, they will be placed into a virtual waiting room. Attendees will be admitted into the meeting from the waiting room at the start of the meeting.

Please register in advance for this meeting:

[https://town-arlington-ma-](https://town-arlington-ma-us.zoom.us/meeting/register/tZEvcemtrT8tHNxOh6BhpmWO9IhWaDzMtwRN)

[us.zoom.us/meeting/register/tZEvcemtrT8tHNxOh6BhpmWO9IhWaDzMtwRN](https://town-arlington-ma-us.zoom.us/meeting/register/tZEvcemtrT8tHNxOh6BhpmWO9IhWaDzMtwRN)

On this agenda:

2. COVID-19 Situational Update
3. Public Health Nurse Update

4. DISCUSSION:

Mask Mandate

5. HEARING:

Maxwell O'Brian - Body Art Practitioner Application

6. HEARING:

Reynaldo Quinn - Body Art Practitioner Application

7. UPDATES:

Environmental Health

8. UPDATES:

Restaurants

PUBLIC COMMENT

Adjourn



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Memo

To: Board of Health Members
From: Annette Curbow, Health Compliance Officer
Date: November 9, 2021
RE: Body Art Practitioner Permit – Maxwell O'Brien

Maxwell O'Brien submitted an Application for a Body Art Practitioner Permit on November 9, 2021. This application is for a permit to practice at Benchmark Tattoos at 1340 Massachusetts Ave. This application is sought to practice tattoo. The application was reviewed in accordance with the Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners. Upon initial review, it appears that the application was complete, insofar as it contains the required elements.

Maxwell completed a two-year apprenticeship with Drastic Tattoo in Peabody, MA and currently holds a License to Practice Body Arts with the Town of Peabody Board of Health.

Included in this packet are the following materials for the Practitioner Application.

1. Body Art Practitioner Application
2. Driver License
3. Hepatitis B Vaccination History
4. Apprenticeship Completion Letter
5. Current License to Practice Body Tatting
6. Current Bloodborne Pathogens Training
7. Skin Course Training Certificate
8. Fundamentals of Anatomy and Physiology Certificate
9. Current First Aid/ CPR Certificate



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

APPLICATION FOR A BODY ART PRACTITIONER PERMIT

Practitioner Information:

Your Name Max O'Brien Home Telephone _____

Home Address [REDACTED]

Mailing Address _____
If different from home address

E-mail: [REDACTED]

Social Security # _____ Date of Birth [REDACTED]

Establishment Information:

Name of Establishment Where You Practice Benchmark Tattoos

Address 1340 Massachusetts Ave Telephone (781) 872-1537

Hours You Operate 11am - 5pm Manager's Name Jonathan Santos

Please submit the following information:

- 1.) Two forms of positive picture identification
- 2.) \$200.00 fee made payable to the Town of Arlington
- 3.) Documentation of training and experience as required in section 12.G (2) of Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.

I have received, read, understood and agree to follow all rules and regulations specified in the Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.

Sign [Signature]

Date 11/9/21

Drastic Tattoo
136 Newburyport Street
Peabody, MA 01876

Anette Curbow
Town of Arlington
Board of Health
27 Maple Street
Arlington, MA 02476

To Whom It May Concern,

Maxwell O'Brien has been employed under my supervision for two years at Drastic Tattoo. He has completed certifications in Bloodborne Pathogens, CPR, First Aid, Anatomy and Physiology, as well as a skin course. He has also completed a formal apprenticeship period. If you have any questions, please feel free to reach out.

Respectfully,

Brad Colman
978-532-7777

A handwritten signature in black ink, appearing to read "Brad Colman", with a long horizontal flourish extending to the right.

THE COMMONWEALTH OF MASSACHUSETTS

City of Peabody

24 Lowell Street
Peabody, MA 01960
978-538-5926

This is to certify that:

Maxwell O'Brien
6 Florence Street
Andover, MA 01810

IS HEREBY GRANTED A LICENSE

To perform body tattooing at the following location(s):

Drastic Tattoo
136 Newbury Street
Peabody, MA 01960

This license is granted in conformity with the Statutes and ordinances relating thereto and expires DECEMBER 31, 2021 unless sooner suspended or revoked.

Effective: October 29, 2020

Number: TATA49

Fee: \$100.00

Thomas J. Durkin III, Chairman
Leigh Ann Mansberger, M.D., MPH
Anthony Carli



Sharon A. Cameron
Director of Human Services

POST THIS PERMIT IN A CONSPICUOUS PLACE

This permit shall not be sold, assigned or transferred.

Certificate of Completion

This is to certify that

MAXWELL O'BRIEN

has successfully completed an approved online training in

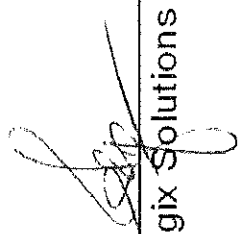
**BLOODBORNE PATHOGENS AND INFECTION CONTROL FOR TATTOO ARTISTS, BODY PIERCERS,
PERMANENT MAKE-UP, MICROBLADING, AND MICROPIGMENTATION PROFESSIONALS**

In accordance with the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030

Course Completion Date: October 27, 2021
(Expires 1 year from the date issued)

Contact Hours: 3

Approved by Major States and City Health Departments: Alabama Department of Health, Alaska Board of Barbers and Hairdressers, California Counties (major counties), Denver Department of Health, South Carolina Department of Health and Environmental Control, Iowa Department of Health, Louisiana Department of Health – Food and Drug Unit, Minnesota Department of Health, Washington State Dept. of Licensing, Oregon Health Licensing Agency (2011-6T), Philadelphia Department of Health, Hawaii State Department of Health and many more. Please visit <https://blxtraining.com/accreditations/> for full list of approvals.


Biologix Solutions LLC

Certificate: 61799FCA0C2BC



P. O. Box 9219, Naperville, IL 60567
www.blxtraining.com | admin@blxtraining.com

CERTIFICATE OF TRAINING

Presented To:

MAXWELL TIMOTHY O'BRIEN

Has Successfully Completed the Course Requirements

Of

**8 HOUR SKIN CARE, SKIN DISEASE IDENTIFICATION,
PREPARATION, STERILIZATION AND TATTOO
AFTER CARE TRAINING**

Held on August 25, 2020

In Peabody, Massachusetts.

Michael P. Wallace

Wallace Training Associates

1 Captain's Dr. Salem, NH 03079

Certificate Number: 020-36

CERTIFICATE OF TRAINING

Presented To:

MAXWELL TIMOTHY O'BRIEN

Of

DRASTIC TATTOO

Has Successfully Completed the Course Requirements of:

40 HR ANATOMY AND PHYSIOLOGY TRAINING

Held on August 11, 12, 13, 14, 15, 2020

In Peabody, Massachusetts.

Michael P. Wallace

Wallace Training Associates

1 Captain's Dr. Salem, NH 03079

Certificate Number: 020-65



American Red Cross
Training Services

Certificate of Completion

Maxwell OBrien

has successfully completed requirements for

Adult First Aid/CPR/AED Online Only

Date Completed: 10/31/2021

Validity Period: 2 - Years

Conducted by: American Red Cross



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Memo

To: Board of Health Members
From: Annette Curbow, Health Compliance Officer
Date: November 9, 2021
RE: Body Art Practitioner Permit – Reynaldo Quinn

Reynaldo Quinn submitted an Application for a Body Art Practitioner Permit on November 9, 2021. This application is for a permit to practice at Benchmark Tattoos at 1340 Massachusetts Ave. This application is sought to practice tattoo. The application was reviewed in accordance with the Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners. Upon initial review, it appears that the application was complete, insofar as it contains the required elements.

Reynaldo completed an apprenticeship with Boston Tattoo in Medford, MA and currently holds a License to Practice Body Arts with the Boston Public Health Commission.

Included in this packet are the following materials for the Practitioner Application.

1. Body Art Practitioner Application
2. Birth Certificate
3. Hepatitis B Vaccine Record
4. Current Body Art Practitioner License
5. Past Body Art Practitioner License
6. Skin Course Certification
7. First Aid Certificate
8. Bloodborne Pathogens Certificate
9. CPR Certificate



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

APPLICATION FOR A BODY ART PRACTITIONER PERMIT

Practitioner Information:

Your Name Alec Quinn Home Telephone _____

Home Address _____

Mailing Address _____

If different from home address

E-mail: _____

Social Security # _____

Date of Birth _____

Establishment Information:

Name of Establishment Where You Practice Benchmark Tattoos

Address 134D Massachusetts Ave Telephone (781) 872-1537

Hours You Operate 11am - 5pm Manager's Name Jonathan Santos

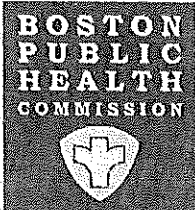
Please submit the following information:

- 1.) Two forms of positive picture identification
- 2.) \$200.00 fee made payable to the Town of Arlington
- 3.) Documentation of training and experience as required in section 12.G (2) of Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.

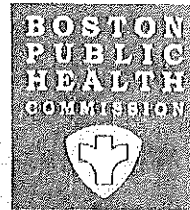
I have received, read, understood and agree to follow all rules and regulations specified in the Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.

Sign _____

Date 11/9/21



BOSTON PUBLIC HEALTH COMMISSION
1010 MASSACHUSETTS AVENUE
BOSTON, MA 02118
BODY ART PRACTITIONER LICENSE



THIS PERMIT MUST BE POSTED IN A CONSPICUOUS PLACE

License Number: BAP-2021-00005

Artist Name: Alec Quinn

Licensed to Perform: Tattoo

This is to certify that , a resident of , has fulfilled the requirement of the Body Art Regulations of the Boston Public Health Commission to receive this Body Artist Practitioner License for the practice of . All body art work must be performed in a body art establishment with a valid Boston Public Health Commission permit.

License Expires: 6/30/2022

This license may not be sold or transferred. All questions or comments regarding this license or permitted activities should be directed to the Boston Public Health Commission at 617-534-5965

Permit Number: 1279

Fees: \$150.00



Must be visibly displayed at all times

**The Commonwealth of Massachusetts
CITY OF MEDFORD
BOARD OF HEALTH**

**PERMIT TO PRACTICE BODY ART
TATTOO**

is issued to: Reynaldo Alex Quinn - Boston Tattoo

located at: 567 FELLSSWAY, Medford, MA 02155

in the City of Medford, County of Middlesex, in the Commonwealth of Massachusetts.

This license is granted in conformity with the Statutes, Ordinances and Medford Board of Health regulations. This permit is not transferable. The level of compliance is to be maintained at all times.

01/01/2020
Date Permit Issued

A handwritten signature in cursive script that reads "MaryAnn O'Connor".

MaryAnn O'Connor, Director of Public Health

12/31/2020
Date of Permit Expiration
(unless suspended or revoked)

SKIN COURSE FOR THE BODY ARTIST

Quincy Health
Department

*In recognition of satisfactory performance and
completion of this program, this certificate is
presented to:*

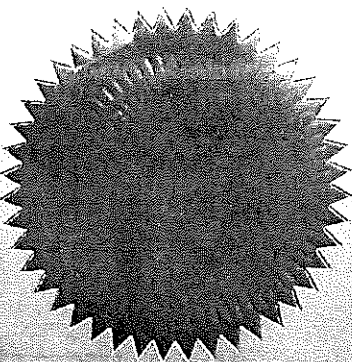
Alec Quinn

Ruth Jones
BSN, RN, CC, CNA

Instructor

APR 02 2014

Date





IBPO

BLOODBORNE PATHOGENS
Control, Training & Certification

FIRST AID CERTIFICATE

This certificate confirms

Reynaldo Quinn

Completed an OSHA Compliant First Aid training course on

2021-11-04

Certificate number (FA2021-27365)

Expiration Date: 2023-11-04



BBP

BLOODBORNE PATHOGENS
Control, Training & Certification

BLOODBORNE PATHOGENS ENGLISH CERTIFICATE

This certificate confirms

Reynaldo Quinn

Completed an OSHA Compliant Bloodborne Pathogens English training course on

2021-11-04

Certificate number (BBP2021-27365)

Expiration Date: 2022-11-04



BBP

BLOODBORNE PATHOGENS
Course Training & Certification

ADULT AND CHILD CPR CERTIFICATE

This certificate confirms

Reynaldo Quinn

Completed an OSHA Compliant Adult and Child CPR training course on

2021-11-04

Certificate number (ACCPR2021-27365)

Expiration Date: 2023-11-04

Reynaldo Quinn
11/4/2021
2023-11-04
ACCPR2021-27365